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DECLARATION AND POWER OF ATTORNEY			Attorney Doo	cket Number	END 882NP			
			First Named	Inventor	Randall S. Hickle et al.			
	ITY OR DESIGN APPLICATION			COMPLE	TE IF KNOWN			
(37 C ☑ Declaration Submitted with	CFR 1.63)		Application I	Number				
	OR Declaration Subr Initial Filing (Su (37 CFR 1.16(e))	ırcharge	Filing Date					
			Group Art U	nit	Not yet assigned			
<u> </u>			Examiner Na	ame	Not yet assigned			
As a below named invento	r, I hereby declare tha	t:						
My residence, mailing address, and citizenship are as stated below next to my name. I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:								
DRUG DELIVERY SYSTEM AND METHOD (Title of the Invention)								
the specification of which								
[X] is attached hereto								
OR								
[was filed on (MM/DD/YYYY) as United States Application Number or PCT International Application Number and was amended on (MM/DD/YYYY)								
I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as								
amended by any amendment specifically referred to above.								
I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.								
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.								
Prior Foreign		Filing Date	Priority	Certified Copy				
Application Number(s)	Country	(MM/D	D/YYYY)	Not Claime	ed Attached? YES NO			
Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:								

DECLARATION - Utility or Design Patent Application								
I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.								
Application Number(s) 60/411,077	Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.							
I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:								
Application Serial No.	Filing Date	Status						
		Pending						
I hereby appoint: Practitioners at Customer Number AND	Place Customer Number Bar Code Label Here							
Practitioner(s) named below: Name Registration Number as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United								
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Address all telephone calls to Verne E. Kreger, Jr. at telephone number (513) 337-3295.								
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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.									
NAME OF SOLE OR FIRST INVENTOR: A petition has been					een filed for this unsigned inventor				
Given Name (first and middle [if any])	· · · · · · · · · · · · · · · · · · ·	Family N or Surna		e Hickle					
Inventor's Signature					Date				
Residence: City	Lubbock	State TX		Count	ry USA	Citizenship USA			
Mailing Address 2404 Topeka Avenue									
City	Lubbock	State TX		ZIP	79407	Country USA			
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.									
NAME OF SECOND INVE	NTOR:	ДАр	etition has	been fil	ed for this unsigne	ed inventor			
Given Name (first and middle [if any])	Michael		Family or Surn		Gustafson				
Inventor's Signature					Date				
Residence: City	Cincinnati	State OH		Count	try USA	Citizenship USA			
Mailing Address	10344 Stable Hand [Drive							
City	Cincinnati,	State OH		ZIP	45242	Country USA			
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.									
NAME OF THIRD INVENT	OR:	A p	etition has	been fil	ed for this unsigne	ed inventor			
Given Name (first and middle [if any])		······································	Family or Surn		,				
Inventor's Signature					Date				
Residence: City		State		Count	try	Citizenship			
Mailing Address	 -					p			
City		State		7IP		Country			